



## 93RD GENERAL ASSEMBLY

### State of Illinois

### 2003 and 2004

Introduced 02/06/04, by Michael J. Madigan

#### SYNOPSIS AS INTRODUCED:

215 ILCS 134/80

Amends the Managed Care Reform and Patient Rights Act. Makes technical changes in a Section concerning a quality assessment program.

LRB093 17066 DRJ 42730 b

1 AN ACT concerning health care quality assurance.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Managed Care Reform and Patient Rights Act  
5 is amended by changing Section 80 as follows:

6 (215 ILCS 134/80)

7 Sec. 80. Quality assessment program.

8 (a) A health care plan must ~~shall~~ develop and implement a  
9 quality assessment and improvement strategy designed to  
10 identify and evaluate accessibility, continuity, and quality  
11 of care. The health care plan shall have:

12 (1) an ongoing, written, internal quality assessment  
13 program;

14 (2) specific written guidelines for monitoring and  
15 evaluating the quality and appropriateness of care and  
16 services provided to enrollees requiring the health care  
17 plan to assess:

18 (A) the accessibility to health care providers;

19 (B) appropriateness of utilization;

20 (C) concerns identified by the health care plan's  
21 medical or administrative staff and enrollees; and

22 (D) other aspects of care and service directly  
23 related to the improvement of quality of care;

24 (3) a procedure for remedial action to correct quality  
25 problems that have been verified in accordance with the  
26 written plan's methodology and criteria, including written  
27 procedures for taking appropriate corrective action;

28 (4) follow-up measures implemented to evaluate the  
29 effectiveness of the action plan.

30 (b) The health care plan shall establish a committee that  
31 oversees the quality assessment and improvement strategy which  
32 includes physician and enrollee participation.

1 (c) Reports on quality assessment and improvement  
2 activities shall be made to the governing body of the health  
3 care plan not less than quarterly.

4 (d) The health care plan shall make available its written  
5 description of the quality assessment program to the Department  
6 of Public Health.

7 (e) With the exception of subsection (d), the Department of  
8 Public Health shall accept evidence of accreditation with  
9 regard to the health care network quality management and  
10 performance improvement standards of:

11 (1) the National Commission on Quality Assurance  
12 (NCQA);

13 (2) the American Accreditation Healthcare Commission  
14 (URAC);

15 (3) the Joint Commission on Accreditation of  
16 Healthcare Organizations (JCAHO); or

17 (4) any other entity that the Director of Public Health  
18 deems has substantially similar or more stringent  
19 standards than provided for in this Section.

20 (f) If the Department of Public Health determines that a  
21 health care plan is not in compliance with the terms of this  
22 Section, it shall certify the finding to the Department of  
23 Insurance. The Department of Insurance shall subject a health  
24 care plan to penalties, as provided in this Act, for such  
25 non-compliance.

26 (Source: P.A. 91-617, eff. 1-1-00.)